


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 848041
 1. Entity Name
 NIDA TRAINER CORPORATION



Principal Place of Business
 300 S. JOHN RODES BLVD.
 MELBOURNE, FL 32904

Mailing Address
 300 S. JOHN RODES BLVD.
 MELBOURNE, FL 32904



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 06-0884221

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOHRR, PHILIP F
 1800 W HIBISCUS BLVD.
 SUITE 138
 MELBORNE, FL 32902

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BEAUSEIGNEUR, LYDIA 300 JOHN RODES BLVD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VETRANE, DAVID 776 COVE RD STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEAUSEIGNER, JOSEPH 300 JOHN RODES BLVD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BEAUSEIGNEUR, KATIE TREASU 300 S JOHN RODES BLVD. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000360464
 05/05/05-80034-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lydia Beauseigneur 5/1/05 (321) 722-2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #